



General Application

Student PEN Number _____

NIC Dual Credit - Application Form

Today's Date: _____ Birth Date: _____ Current Grade: (as of today's date) _____

S.I.N. Number: _____ Full Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (____) _____ Alternate Phone (i.e. cell phone): (____) _____

Email address-

Current High School: _____

Current High School Program (Please check one)

- _____ Regular Graduation
- _____ School Leaving Certificate
- _____ Adult Dogwood
- _____ Grad

Courses or Program Applying For:

- | | |
|---|------------------------------|
| _____ <i>Micro Credentials – Med Office</i> | _____ <i>Trades</i> |
| _____ <i>Coastal Worker Certificate</i> | _____ <i>Animal Care Aid</i> |
| <i>Other:</i> _____ | <i>Other:</i> _____ |
| <i>Other:</i> _____ | <i>Other:</i> _____ |

FOR OFFICE USE ONLY:

Interviewed _____ Accepted _____

Please check the most appropriate answer to the following questions:

1. Have you discussed this with your parents or guardian?



Yes No

2. Are you currently taking courses that relate to the program you indicated you are interested in?

Yes No

3. Have you discussed this with a counselor from the school you are currently attending?

Yes No

4. Do you currently work in a job that is directly related to the program you indicated you are interested in?

Yes No

If yes to Question 2, please list the courses: _____

If yes to Question 4, where do you work? _____

References

Please note: By completing this application form and providing the information below, the applicant is giving their permission to the School District 47 (Powell River) Career Technical Programs staff in order that they may make contact with these individuals as it is related to the programs and services provided.

Individuals listed may be contacted to provide information related to acceptance to the Dual Credit Career Technical Programs. Inquiries may well include, but are not restricted to grades, attendance, attitude, motivation, and behavior. Acceptance to the Career Technical Programs is NOT *necessarily* contingent on this information, however as space is limited in all programs, this information may be used to create "waitlists".

Please List the Following:

Teacher: _____ Phone Number: _____

Counselor: _____ Phone Number: _____

Personal: _____ Phone Number: _____
(Employer / Volunteer)

Signature of: Applicant _____ Parent/Guardian _____

Please note: This is the initial step in our application process.
We **thank you** for the due care and attention taken in the completion of your application and we look forward to speaking with you about your specific program choice.

Complete if
applying for
Trades

YOUTH TRAIN IN TRADES REGISTRATION FORM

Please complete and return this form to your district career coordinator. All ***mandatory fields** must be completed.

A. STUDENT INFORMATION

*Legal First Name:	Legal Middle Name (s):	*Legal Last Name:
*Date of Birth (MM/DD/YYYY):	*Gender: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer	Personal Education Number (PEN):
*Suite Number:	*Mailing Address:	
*City:	*Province:	*Postal Code:
*Primary Phone Number: ()	Secondary Phone Number: ()	*Email Address:
Do you agree to receiving updates via SMS to your primary phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No		
*Do you self-identify as an Indigenous person? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer		

B. PARENT/GUARDIAN'S INFORMATION

I, _____
(print surname followed by given names of parent/guardian)

of _____
(street address) (city, town) (postal code)

Declare that:

- I am the custodial parent legal guardian of the minor named above; and,
- I authorize the school to release the information outlined in Sections A & B to SkilledTradesBC for the purpose of registering the student with SkilledTradesBC in a Youth Trade program; and to use the registration information for statistical data.
- I understand that I can only withdraw this consent by written request addressed to the school.

Student's Signature:	Date (MM/DD/YYYY)
Parent/Guardian's Signature:	Date (MM/DD/YYYY)
SD/Independent Board Authority Contact's Signature	Date (MM/DD/YYYY)

C. PROGRAM INFORMATION (TO BE COMPLETED BY SCHOOL DISTRICT OR INDEPENDENT BOARD AUTHORITY)

Program Type (Select one): <input type="checkbox"/> Level 1 <input type="checkbox"/> Foundation	TRAIN Intake (MM/YYYY):	Program Start Date (MM/DD/YYYY):	Program End Date (MM/DD/YYYY):
*Trade Name:			



Dual Credit Application for University Transfer (for High School Students)

www.nic.bc.ca T: 1-800-715-0914 E: Admissions-CW@nic.bc.ca

North Island College Student Number		PEN: Personal Education Number		
Legal Last Name	First Name	Middle Name	Preferred First Name	
Mailing Address	City	Province	Postal Code	Phone: Home
E-Mail Address		Birth Date: YY/ MM/ DD	Gender M <input type="checkbox"/> F <input type="checkbox"/>	
Emergency Contact Name: _____		Canadian Citizen: <input type="checkbox"/>		
Phone: BUS _____ HOME: _____		Permanent Resident: <input type="checkbox"/> Country of Origin _____		
(Voluntary Disclosure) Disability/medical condition? Yes <input type="checkbox"/>		(Voluntary Disclosure) Do you identify yourself as an Indigenous person? Yes <input type="checkbox"/> No <input type="checkbox"/>		
NIC will provide you with information about receiving support services.		If yes, are you: First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/>		

Program	Use FULL program name as listed in the North Island College Calendar.
Campus/Centre	
Start Term: Choose which session by entering the year beside the term.	
Fall (Sept-Dec)/Year	Winter(Jan-Apr)/Year
Spring(May-June)/Year	Summer(July-Aug)/Year

Courses and Section Number (ex ENG 115 CVB1)

DECLARATION PLEASE READ THE FOLLOWING BEFORE SIGNING:

I declare that the information I have submitted on the application is true and correct. Completion of this application permits North Island College (NIC) to request and/or confirm any information necessary to support my application for admission. Falsifying any document or information submitted will result in the immediate cancellation of admission or registration at the College. I understand that this application is a request for admission and does not guarantee admission to any program or course. Admission is subject to meeting program and course prerequisites and to space availability. Decisions on my admission will be made only after the application fee and all required documents have been submitted. I agree to abide by the established rules and regulations of North Island College, including those of the program in which I shall be registered.

For Dual Credit students admitted to courses or programs, I understand that all the details of my application, academic progress, and student conduct record will be shared between NIC and my Secondary School contact.

I understand that this information along with subsequent information is collected under the authority of the College and Institute Act and section 26 of the Freedom of Information and Protection of Privacy Act (FOIPPA). Information collected will be used for the purposes of: admissions, registration, grade notification, income tax receipts, research, awards, alumni contact, special events and other activities consistent with the mandate of the institution. NIC collects, uses, retains and discloses information within the College to carry out its mandate and operations in accordance to Policy 1-01 Freedom of Information and Protection of Privacy. Should you have any questions about the collection of information please contact the FIPPA Analyst located at 2300 Ryan Road, Courtenay, BC, V9N 8N6, or email foipp@nic.bc.ca

Signature: _____ Date: _____

For Office Use Only

Received By _____ Date and Time Received _____



Office of the Registrar
2300 Ryan Road
Courtenay BC V9N 8N6
T: 1-800-715-0914 E: Admissions-CW@nic.bc.ca

DISTRICT CAREER EDUCATION FACILITATOR FORM

(to be completed by the School District)

Applicant/Student Name

District

This applicant has indicated an interest in studying at North Island College. Keeping in mind they would be studying in an adult learning environment where they would be communicating with adults in a cooperative learning environment, please answer the following questions.

Does this student have any identified special needs or learning challenges? YES NO

Applicants who may require accommodations and supports must notify NIC Department of Accessible Learning Services (DALs) at least one (1) month before the start of their program *in order to arrange appropriate accommodations. For more information or to book a meeting go to <https://www.nic.bc.ca/student-services/accessible-learning-services/>* or call 1-800-715-0914 (switchboard). Please note that additional time may be required for some accommodations (i.e., ASL interpreting).

Please comment on this student's academic readiness and maturity to study in an adult environment?

Self-motivation and commitment to learning are important attributes for a successful learner at the post-secondary level. How do you view this student in this regard?

Do you recommend this student to take the identified course(s)/program at NIC?

- No. I do not have enough information at this time to make a recommendation.
- Yes. I have worked closely with this applicant, and I believe they have shown readiness for this opportunity. I support their application to NIC.
- The School District agrees to transfer only these credits to the high school transcript.

Is NIC to invoice the School District directly for any fees for this applicant?

- No. District Career Coordinator/High School Counsellor will inform the Applicant how to request reimbursement if applicable.
- Yes. District Career Coordinator/High School Counsellor to complete attached School District Sponsorship Agreement (attached) for NIC permission to invoice the School District directly.

Or

- Yes. District Career Coordinator/High School Counsellor will provide NIC with letter of sponsorship under separate cover. Note: Sponsorship letter must be received by NIC prior to fee deadline for student to retain seat in program/courses.

Signature of District Career Coordinator/High School Counsellor

Date

Telephone

Email Address



Office of the Registrar
2300 Ryan Road
Courtenay BC V9N 8N6
T: 1-800-715-0914 E: Admissions-CW@nic.bc.ca

SCHOOL DISTRICT SPONSORSHIP AGREEMENT for Dual Credit High School Students (to be completed by the School District)

[]		[]	
Student Name		Address:	
[]	[]	[]	[]
City	Prov.	Postal Code	

SCHOOL DISTRICT INFORMATION

We hereby undertake to sponsor:
 [] in the []
 Name of Student Name of program or course(s)

From: [] to [] for the following amounts.
MONTH/DAY/YEAR MONTH/DAY/YEAR

Please check applicable boxes:

- Assessment Fee \$20.00
- Books up to \$ []
- Fees Tuition only (includes lab fees) \$ []
- Fees Tuition (includes lab fees) and NISU (Student Society) \$ []
- Fees Tuition only (does not include lab fees) \$ []
- Learner Resource Fee \$ []

Additional Instructions
 []

[]
 School District Name
 []
 Mailing Address
 [] [] []
 City Prov. Postal Code
 [] [] []
 Telephone () Fax () Email

[]	[]
Contact Name (print)	Title (print)
[]	[]
Signature	Date



FREEDOM OF INFORMATION RELEASE
(to be completed by the Applicant)

Office of the Registrar
2300 Ryan Road
Courtenay BC V9N
T: 1-800-715-0914 E: Admissions-CW@nic.bc.ca

North Island College is governed by the Freedom of Information and Privacy Act (FIPPA) and as such is not able to discuss student progress and attendance with a parent/guardian without the permission of the applicant/student. Your signature below provides permission to your parent/guardian to access your student record information.

I give permission to share information about my student record, including grades, attendance and performance with my parent/guardian.

Applicant / Student Name (print)

Birthdate

_____ has my permission to access my student records, registration and any personal information necessary for, or pertaining to, my application and enrolment at North Island College and to conduct student related business at North Island College on my behalf.

Permission is in effect:

From

To:

MONTH / DAY / YEAR

MONTH / DAY / YEAR

Student Authorization:

I hereby give authorization as identified above:

Student Signature:

Date:



Office of the Registrar
2300 Ryan Road
Courtenay BC V9N 8N6
T: 1-800-715-0914 E: Admissions-CW@nic.bc.ca

DUAL CREDIT/ TRANSITION PROGRAM APPLICATION PROCESS AND FORMS FOR UNIVERSITY TRANSFER COURSES

This package contains information about the process you will need to follow and forms you are required to complete if you desire to engage in dual-credit, University Transfer courses at North Island College.

REQUIRED APPLICATION STEPS

1. Undertake Career Preparation and Education Planning with your high school
 - Meet with a District Career Coordinator/High School Counsellor to discuss Dual Credit/Transition.
 - Visit the North Island College website for detailed course information: www.nic.bc.ca
1. Apply to North Island College
 - Complete the Dual Credit/Transition Program Application form.

Questions may be directed to your District Career Coordinator/High School Counsellor or to NIC's Educational Advisors. Once completed, submit to your District Career Coordinator/High School Counsellor who will submit it to the NIC.

Note: If you want to use NIC course credits for your high school graduation certificate, please be aware that you are responsible for confirming with your District Career Coordinator/High School Counsellor that those courses are acceptable to your high school for graduation credit.

If your NIC Dual Credit/Transition Program application package is approved, your NIC Application will be processed. If you meet the admission requirements you will be sent an acceptance letter and information about registration will be included.

APPLICATION Checklist (please complete all forms in ink and keep a copy for your records)

- NIC Dual Credit Application Form
- Parent/Guardian Statement
- District Career Education Facilitator Form
- School District Sponsorship Agreement
- Freedom of Information Release
- High School Transcripts
- Return full admission package to your District Career Coordinator/High School Counsellor to submit to NIC on your behalf. NIC Educational Advisors are available to assist with course selection.



ADDITIONAL APPLICATION STEPS

(Specifically for students with disabilities)

Applicants who may require accommodations and supports must notify NIC Department of Accessible Learning Services (DALs) at least one month before the start of their program *in order to arrange appropriate accommodations*. For more information or to book a meeting go to <https://www.nic.bc.ca/student-services/accessible-learning-services/> or call 1-800-715-0914 (switchboard). Please note that additional time maybe required for some accommodations (i.e., ASL interpreting).

1. At an initial meeting with the prospective student, the role of DALs will be explained and signed consents for release and exchange of information will be completed. These consents may be for School District staff, medical professionals or other agencies that may have completed assessments or consultations with the student. Students are encouraged to bring their IEP or other relevant documentation to this meeting.
2. DALs (with the support of the School District (SD)) will gather disability-related documentation or other sources as needed and forward it to the DALs department. This information is required to assess the support needs of each student with disabilities attending NIC.
3. DALs Faculty will review the documentation, will meet with the prospective student and instructor (if necessary) to discuss possible technical or classroom/practical requirements for the trade or career they are pursuing, e.g. determine the hearing requirements for Nursing, physical demands for plumbing, etc.
4. DALs will then develop an Accommodation (Support) Plan
5. DALs will determine the required accommodations and will then consult with SD personnel on a case by case basis regarding who best can provide the disability supports that are required.
6. DALs will arrange a further meeting with the prospective student to discuss accommodations and support services that they are eligible to receive through the School District and NIC. School District staff will be invited to this meeting (if required).
7. If accepted into a program, an accommodation letter will be sent to the prospective student and program instructor.



Office of the Registrar
2300 Ryan Road
Courtenay BC V9N 8N6
T: 1-800-715-0914 E: Admissions-CW@nic.bc.ca

Applicant/Student Name:

PARENT/GUARDIAN STATEMENT

(to be completed by the Applicant's Parent or Guardian)

The applicant named above has indicated an interest in studying at North Island College. Keeping in mind that they would be studying in an adult learning environment, in which they are expected to be self-motivated and self-directed and not reliant on others to assist in the organization of their learning activities, we ask you to answer the following questions:

Please tell us about the applicant's ability and comfort level in communicating with adults.

Please tell us about the applicant's ability to be an independent and self-directed learner.

Your signature indicates your support for this applicant to take the identified program or course at NIC and your responsibility to support this student in their studies.

Parent/Guardian Signature

Date



Grade 11/12 Student Learning/Transition Plan

Updated May 2023

Please complete entire page

PLEASE PRINT in Pen

Name: _____

School: _____

D.O.B: _____
(DD/MMM/YYYY)

Year of Grad: _____

Please indicate if you have an I.E.P on file:

YES

NO

Cell: _____

Email: _____

Occupation you are targeting:

1 _____

2 _____

Post-Secondary Program you are taking courses in (direct link to required courses for program):

Is this a: Certificate Diploma

Post-Secondary School Name and Address: _____

High School Courses related to and required to ensure entry into college program:

Related courses to take Program of interest	Required courses needed to enter Program

Student Transcript is attached

GRADE 10 REQUIREMENTS					
	Credits	Semester 1	Credits	Semester 2	Credits
English 10 (2 parts)	4	Elective		Elective	
Socials 10	4	Elective		Elective	
Science 10	4	Elective		Elective	
Math 10	4				
PE 10	4				
CLE 10	2				Total

GRADE 11 REQUIREMENTS			
English 11	4	Elective	
Socials 11	4	Elective	
Math 11	4	Elective	
Science 11	4	Elective	
Careers 11	2		Total

GRADE 12 REQUIREMENTS			
English	4	Elective	
Careers 12	2	Elective	
Career Exploration/Capstone	2	Elective	
Elective		Elective	
Elective			Total

TOTAL SCHOOL CREDITS: _____

School and PSI Course Codes							
School Codes	NIC/VIU Course Code	Course Start Date		School Codes	NIC/VIU Course Code	Course Start Date	
PN/L---12A				PN/L---12E			
PN/L---12B				PN/L---12F			
PN/L---12C				PN/L---12G			
PN/L---12D				PN/L---12H			

Total Dual Credit Credits: _____

Total Credit for Graduation: _____

Student Signature: _____

SD #47 Counsellor/ District Signature: _____

Date: _____ (DD/MMM/YYYY)



Grade 11/12

Student Learning/Transition Plan

Updated May 2023

PLEASE PRINT in Pen

Name: _____

School: _____

D.O.B: _____
(DD/MMM/YYYY)

Year of Grad: _____

Please indicate if you have an I.E.P on file:

YES

NO

Cell: _____

Email: _____

Occupation you are targeting:

1 _____

2 _____

Post-Secondary Program you are taking courses in (direct link to required courses for program):

Is this a: Certificate Diploma

Post-Secondary School Name and Address: _____

High School Courses related to and required to ensure entry into college program:

Related courses to take Program of interest	Required courses needed to enter Program

Student Transcript is attached

GRADE 10 REQUIREMENTS					
	Credits	Semester 1	Credits	Semester 2	Credits
English 10 (2 parts)	4	Elective		Elective	
Socials 10	4	Elective		Elective	
Science 10	4	Elective		Elective	
Math 10	4				
PE 10	4				
CLE 10	2				
				Total	
GRADE 11 REQUIREMENTS					
English 11	4	Elective			
Socials 11	4	Elective			
Math 11	4	Elective			
Science 11	4	Elective			
Careers 11	2				
				Total	
GRADE 12 REQUIREMENTS					
English	4	Elective			
Careers 12	2	Elective			
Career Exploration/Capstone	2	Elective			
Elective		Elective			
Elective					
				Total	

TOTAL SCHOOL CREDITS: _____

School and PSI Course Codes							
School Codes	NIC/VIU Course Code	Course Start Date		School Codes	NIC/VIU Course Code	Course Start Date	
PN/L---12A				PN/L---12E			
PN/L---12B				PN/L---12F			
PN/L---12C				PN/L---12G			
PN/L---12D				PN/L---12H			

Total Dual Credit Credits: _____


Total Credit for Graduation: _____


Student Signature: _____

SD #47 Counsellor/ District Signature: _____

Date: _____ (DD/MMM/YYYY)

TRANSCRIPT SUBMISSIONS MUST BE SENT TO VIU OR NIC

 THESE ARE REQUIRED PRIOR TO
ACCEPTANCE

 FOLLOW THE INSTRUCTIONS ON THE
FOLLOWING PAGES TO COMPLETE THIS
PROCESS

Ordering Transcripts for a PSI:

Google "Transcript Services BC"

Link: <https://www2.gov.bc.ca/gov/content/education-training/k-12/support/transcripts-and-certificates>

Select this option:

Order transcripts and certificates

The [StudentTranscripts Service \(STS\)](#) allows you to view and order transcripts or certificates from B.C. or Yukon secondary schools. See [Help Videos](#) on using the STS.

Order transcripts or certificates as a



 Current student You are now enrolled in a secondary school, or ▪ Have completed a course within the last six months	 Former student ▪ More than six months have passed since you completed a secondary school course	 Returning user ▪ You are familiar with the StudentTranscripts Service (STS) and have used it before
---	--	--

YOUR PEN IS:

Scroll down to the bottom of the page and select:

Order


First time users may register for a Basic BceID. Returning users log in using the Sts.

 Register for a Basic BceID Online ID for secure access to B.C. government services. Register	 Log in to StudentTranscripts Services (STS) with BceID Access STS with Basic BceID for exam results & transcripts/certificates Log in
--	---

- Follow the prompts to create a BCEID – next page will support these steps.

Step 1: Fill in all your personal information, including your Personal Education Number PEN (Mrs Larkin can give you this or it is on your report card, also found in MyEd).

Register for StudentTranscripts



You need to register your student information with StudentTranscripts before you can access your StudentTranscripts Dashboard.

* Indicates a required field

Student Information you use(d) in your School of Record

Please ensure that your student information you enter matches the information at your school of record.

Personal Education Number (PEN) *

[Don't have a PEN?](#)

First Name *

Middle Name

Last Name *

Date of Birth (dd/mm/yyyy) *

Step 2: Check your email and confirm, there will be two emails coming, one will ask you to login and confirm your details, once this is done then you are good to order transcripts for VIU.

Step 3: Once you have confirmed your login details again you are ready to order transcripts.

[Login with BCeID](#)

User ID
Use a Basic BCeID

Password

[Forgot your user ID or password?](#)

No account?
[Register for a BCeID](#)

Step 4: Once logged in if you see this page, just check the box and select "continue":

To complete login with your BCeID, review your BCeID account activity.

Why are we showing you this? We take security very seriously. We want to show you important activity in your BCeID account - if you don't recognize the activity or suspect your account has been compromised, [contact BCeID](#).

BCeID Account Activity

Last Logins with Your BCeID
April 18, 2023 at 9:54 AM

When do you want to review your BCeID account activity?
By selecting "Do not show me BCeID account activity when I log in" this page will not be displayed to you when you log in using your BCeID. Update this preference anytime at www.bceid.ca.

Do not show me BCeID account activity when I log in

[Continue](#)

Your BCeID account

Go to www.bceid.ca to manage your account. You can update your email, contact information, login preferences, and more.

We recommend you keep your email address up to date.

[Manage your BCeID account](#)

Need help?
[Contact the BCeID Help Desk](#)

Step 5: Now login again and order your transcripts:

My Dashboard

Welcome to StudentTranscripts. Please select from the services below.

Transcripts & Certificates

- [Send/Order Your Transcript](#)
- [Order Your Graduation Certificate - Only available if you have graduated. Contact your school if you have questions about your graduation status.](#)
- [View Your Post-Secondary Institution Choices](#)

Account Information

- [View Your Profile](#)
- [Update Your Contact Information](#)
- [View Your Order Activity](#)

Marks & Scholarships

- [View Your Transcript - Last Updated April 03, 2023](#)
Your transcript has your graduation status
- [Graduation Assessment/Provincial Examinations Results - Last Updated April 18, 2023](#)
- [View Your Scholarships - No scholarships to report](#)

System Notice(s)

Step 6: Select "I consent" and then select the blue "Send Transcript" in the top half of the page – you want to send your transcript to a university.



Due to COVID-19, Canada Post is updating their service interruptions & suspension alerts. If you need to send a transcript to a post-secondary institution outside of Canada, contact the school to ask about extensions or other delivery methods.

Privacy Notice

The personal information you provide to this website is collected by British Columbia Ministry of Education and Child Care under the authority of 26(c) and 26(e) of the *Freedom of Information and Privacy Protection Act* and the *School Act*, ss. 79(3) and 186(2)(i) and (k). Collected information will be used for the purpose of administering the Student Transcript Service (STS) and for policy planning and evaluation of services supporting student mobility through portability of their credentials. By clicking on the "I consent" checkbox below you are acting on your own behalf in providing you consent, effective immediately, to the use and disclosure of the information you submit, for the purpose of providing your official transcript and/or certificate to the transcript exchange hub(s), post-secondary institution(s), organization(s) or individual(s) you have specified.

Questions about collection, use or disclosure of your information should be directed by email to:

Transcript Administrator studenttranscripts@gov.bc.ca or in writing to Ministry of Education and Child Care - Transcripts, PO BOX 9886 STN Prov Govt, Victoria, BC, V8W 9T6.

I consent

Send your transcript to a university(ies), college(s), or other post-secondary institution(s)

- Send Transcript

Send your transcript to an employer(s), yourself, or anyone

- Send an Electronic Transcript (by PDF download)
- Send a Printed Transcript (by mail)

[< Back to My Dashboard](#)

Step 7: Find Vancouver Island University and click it from the left box over to the right box, then "Go To Next Step" (in lower right corner)

outside of Canada, contact the school to ask about extensions or other delivery methods.

Steps:

- 1: Select Institution
- 2: Choose Send Option
- 3: Confirm & Add to Cart

Step 1: Select the university, college or other post-secondary institution you want to send your transcript to.

Choose From List Search by Name

Canadian Institutions International Institutions Can't find your institution? Click here.

Province:

Available Institutions		Selected Institutions
VANCOUVER FILM SCHOOL	<input type="button" value=""/>	VANCOUVER ISLAND UNIVERSITY
VANCOUVER HAIRDRESSING ACADEMY	<input type="button" value=""/>	
VANCOUVER INSTITUTE OF MEDIA ARTS	<input type="button" value=""/>	
VANCOUVER ISLAND SCHOOL OF ART	<input type="button" value=""/>	
VANCOUVER PREMIER COLLEGE	<input type="button" value=""/>	
VANCOUVER SCHOOL OF BODYWORK AND MASSAGE	<input type="button" value=""/>	

[Go to Next Step](#)

Step 8: Send your transcripts now and let them have access for one year. Then "Go To Next Step".

Steps:

1. Select Institution 2. Choose Send Option 3. Confirm & Add to Cart

Step 2: Confirm the university, college, or other post-secondary institutions you have selected to send your transcript to.

VANCOUVER ISLAND UNIVERSITY
 900 5TH STREET, NANAIMO, BC, CA, V9R5S5
 250-753-3245

Send my transcript electronically how. [Help?](#)
 Send my transcript now and allow this Post-Secondary institution to request transcript updates until the date specified below. [Help?](#)

Send updates until:

Step 9: You should see your transcripts and if this is accurate check the box in lower left corner and then select "add to cart".

BC FIRST PEOPLES 12	BCFP 12		2023/06						4
EXPLORE: TRADES SAMPLER (SKILLEDTRADESBC	TSITA 12A		2023/06						4
EXPLORE: TRADES SAMPLER (SKILLEDTRADESBC	TSITA 12B		2023/06						4
WORK EXPERIENCE 12A	WEX 12A		2023/06						4
CAREER-LIFE EDUCATION	CLE	12	2022/02				90 A		4
LITERACY ASSESSMENT 10	LTE10	15	2022/04				RM NA		NA
NUMERACY ASSESSMENT 10	NME10	16	2022/06				3 NA		NA

Students with questions should contact their schools immediately.

Reasons for Non-Graduation

No Literacy 12 Assessment	No Language Arts 12
Fewer than 16 Gr 12 credits	No Social Studies 11 or 12
Fewer than 28 Elective credits	No Grad Transitions/Career Life Connecti

Legend Information for Course Data

I have reviewed my order and course information.

You should see a confirmation page – you are done.

